## ARIZONA DEPARTMENT OF PUBLIC SAFETY FIREARMS-SAFETY TRAINING COURSE REPORT

Instructors <u>may</u> submit this form upon completion to DPS Concealed Weapon Permit Unit; P.O. Box 6488; Phoenix, AZ 85005. The items listed below are required under Arizona Revised Statue 13-9-110. Records must be kept for <u>five</u> years.



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Organization Name		Organization Number				Program Number		
Instructor Name (Please Print)		Instructor Number			Signature			
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Date	Location (Business Name	& Addre	accia Re	n Avery Shoo	oting Panga/C	Parafraa Huw)	1	Hours
Date	Location (Business Name	& Audit	ess i.e. De	an Avery Shoc	ning Kange/C	aleffee flwy)		Hours
N (Pl P: )			D/E/III	N (D)	<b>D</b> :		1 .	D/E/111
Name (Please Print)		Age	P/F/W	Name (Pleas	se Print)		Age	P/F/W
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P = Passed the course F = Failed the course W = Withdrew from course

Additional comments on reverse side of report \_\_\_\_\_or additional sheets\_\_\_\_\_. (please check one if applicable)